

WISCONSIN EPI EXPRESS

August 29, 2002

[Wisconsin Department of Health & Family Services](#)
Division of Public Health
Bureau of Communicable Diseases

"Surveillance provides information for action." [World Health Organization](#)

The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Herb Bostrom: bostrhh@dhfs.state.wi.us

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1. New Staff Join the Bureau of Communicable Diseases

Four individuals recently joined the staff of BCD. We are very pleased to have them here, and we hope you will come to know them and to call upon them in their areas of expertise in the months ahead. Our new colleagues are:

- Dennis Tomczyk, Hospital Bioterrorism Preparedness Program Director. Dennis is responsible for implementing the HRSA-funded grant program, to prepare hospitals across the state to respond effectively to terrorist acts and other public health emergencies. Dennis joined BCD in April, from the Monroe Clinic, where he's worked for the past 11 years as a vice president and senior manager for a 100 bed general hospital and network of multi-specialty clinics. His responsibilities in his former position included responsibility for community and outside organizational relationships for his institution, so he comes with broad experience in forming working partnerships and putting together cooperative joint ventures with other business and community-based organizations. Dennis was particularly successful in establishing cooperative initiatives with the Green County and other local health departments in his area. Dennis has an MA in Health Services Management, and a BS in History.

- Mark Wegner, M.D., became Chief of the Communicable Disease Epidemiology Section on July 15. Mark has a BS in Biochemistry from Notre Dame University, an MD degree from the University of Wisconsin, and an MPH with emphasis in epidemiology and biostatistics from the Uniformed Service University of the Health Sciences in Bethesda, Maryland. Mark also completed his residency in Preventive Medicine at USUHS. Mark has a strong background in infectious diseases, including work on the spread of West Nile Virus in Maryland, and work in Maryland, Virginia and the District of Columbia on development of syndromic surveillance systems for anthrax following the initial appearance of the disease there.

- Also on July 15, Diep (pronounced Zip) Hoang Johnson began as Epidemiologist-Advanced for Food and Waterborne Diseases, in the Communicable Disease Epidemiology Section. Diep's responsibilities will be to carry out independent statewide surveillance and epidemiologic investigations and studies of food and waterborne illnesses, and to analyze data from outbreaks. She has 13 years of experience as a senior microbiologist at the State Laboratory of Hygiene, and has lab experience in the areas of virology, bacteriology and immunology--including substantial direct experience in that capacity, working with BCD epidemiologists on disease investigations.

- On August 7, Mark Sotir joined BCD as our new Epidemic Intelligence Surveillance (EIS) Officer from CDC. Mark holds a PhD in Epidemiology from the University of North Carolina School of Public Health. He also has an MPH from the Emory University School of Public Health, and has worked for three years for the Emory School of Medicine, Division of Infectious Diseases, concentrating on tuberculosis and nosocomial; disease surveillance. During his stay in Wisconsin, Mark will be working on a variety of special studies and other projects, as well as helping out in the surveillance and response activities of the Communicable Disease Epidemiology Section. We are particularly looking forward to using Mark's strong scientific research and writing skills in BCD programs.

2. Schedule TB Grand Rounds for 2003

Call Tanya Oemig, TB Program Director, at 608-261-6319 to schedule your agency's medical grand rounds presentation for 2003. There are several revised statements and new TB recommendations due for release this fall. These new recommendations will cover use of the new blood test for TB infection, treatment of active TB disease and latent TB infection, TB control priorities, contact investigations, and infection control. Work with your grand rounds coordinator to include TB on the agenda.

3. Communicable Disease Wall Charts Available

Day Care Centers

In mid August, a copy of the Communicable Disease Wall Chart (PPH 4397) will be sent to all licensed Day Care Centers in the state by the Wisconsin Childcare Improvement Program (CCIP), part of the Department of Public Instruction (DPI). CCIP has agreed to be the sole provider of wall charts to day care centers in the state. Because their supply of wall charts is limited, Day Care Centers should use discretion when ordering additional copies.

Contact: Glenna Carter at 608-224-6173.

Public School

Requests from public schools should be referred to the DPI for Communicable Disease

Contact: Linda Caldart-Olson at 608-266-8857.

Clinics, Health Departments and other Providers

Requests for additional copies should be made to the Regional Offices of the Wisconsin Division of Public Health. Upon notification, the Bureau of Communicable Diseases will send the needed copies to the regional offices via Inter-Departmental mail.

Contacts:

Northern Regional Office
Eau Claire, WI 54701-3687
Telephone: 715-836-5362

Western Regional Office
Rhineland, WI 54501
Telephone: 715-365-2700

Southern Regional Office
Madison, WI 53704
Telephone: 608-243-2351

Northeast Regional Office
Green Bay, WI 54301
Telephone: 920-448-5223

Southeast Regional Office
Milwaukee, WI 53203-1697
Telephone: 414-227-4860

4. Treating Active TB Just Got Easier

Directly observed therapy is the standard for treatment of active tuberculosis disease. Having a health worker watch a patient ingest their medications every day or twice per week sometimes places an enormous burden on a public health department. A new, once-per-week treatment regimen will help ease that burden.

New data, published in the August 17th edition of *The Lancet*, confirms that once-weekly administration of isoniazid and rifapentine, initiated after the first eight weeks of therapy, is a viable option for selected patients being treated for active TB disease. This regimen was found to be safe and effective for HIV-negative patients without signs of advanced tuberculosis (i.e. those with no lung cavities identifiable on chest x-ray).

The Wisconsin TB Program has added rifapentine to its formulary and estimates that 40% of Wisconsin TB patients will be eligible for this regimen. For more information, please visit <http://www.cdc.gov/nchstp/tb/>. A copy of the article may be viewed online at <http://www.thelancet.com> (a fee may apply). Please call the TB Program at 608/261-6319 with questions.

5. False Positive Cryptosporidium Tests

False positive cryptosporidium rapid cartridge assay tests have been identified in Wisconsin and Minnesota. Confirmatory tests performed at the Wisconsin State Laboratory of Hygiene and the Minnesota Public Health Laboratory have identified false positive results associated with the use of two rapid cartridge assay test kits:

The Meridian Bioscience ImmunoCard STAT! Rapid Assay, and
The Becton Dickinson ColorPAC Giardia/Cryptosporidium Rapid Assay.

These kits are used to detect and distinguish between *Giardia* and *Cryptosporidium* specific antigens in fecal specimens. There is no indication that *Giardia* tests have yielded false positive test results.

In addition to interfering with routine disease surveillance and the identification of diarrheal clusters, false positive test results may lead to the misdiagnosis and inappropriate treatment of a patient's disease. Therefore the Wisconsin Division of Public Health and the Wisconsin State Laboratory of Hygiene have made the following recommendations to assure a reliable diagnosis when using these test kits:

A. Since these rapid assay tests are screening methods for cryptosporidium, and the predictive value of a positive test is low because of the low prevalence of the disease, all positive cryptosporidium tests should be verified using either the Merifluor DFA kit for *Cryptosporidium*/*Giardia* or by using hot safranin or modified Kinyoun acid-fast stained smears. Enzyme-linked immunoassays should NOT be used to confirm rapid assay test results. Confirmation tests on specimens positive for *Giardia* should be done at the discretion of each laboratory.

B. Specimens collected from ill patients should be tested for enteric bacterial pathogens in addition to the rapid assay tests.

C. Confirmation tests should be performed as soon as possible following positive rapid cartridge assay results. Providers will continue to be obligated to report positive rapid assay results to the local health department to comply with state statutes and not wait for confirmatory test results to be available.

Confirmation testing of positive rapid assay results can be done at any laboratory capable of performing the recommended tests or at the Wisconsin State Laboratory of Hygiene.

For more information on these recommendations please contact Dave Warshauer, PhD, Chief of Bacteriology at 608- 265-9115 or Thomas Haupt Communicable Disease Epidemiologist at 608-266-5326.

6. Influenza and Respiratory Virus Surveillance

Surveillance for influenza and other respiratory viruses continues through the summer months. Beginning in May 2002, the Wisconsin Sentinel Clinician Program began year-round surveillance for influenza-like illness (ILI). Laboratory surveillance for influenza and other respiratory viruses also continues year round.

Each week, the Division of Public Health posts the "Respiratory Virus Surveillance" report on the Health Alert Network (HAN). The report contains current ILI percentages statewide and in each public health region along with several summary points identifying the respiratory viruses circulating in Wisconsin.

The Division of Public Health has also posted the annual Influenza and Respiratory Virus Report. This report is a comprehensive look at the 2001-2002 influenza season.

These reports on the HAN are located in the Communicable Library under Respiratory Virus.

7. CDC Alert - Recall of Gonorrhea Laboratory Assay

Recall of LCx® *Neisseria gonorrhoeae* Assay and Implications for Laboratory Testing for *N. gonorrhoeae* and *Chlamydia trachomatis*

On July 18, 2002, Abbott Laboratories (Abbott Park, IL) initiated a voluntary recall of its LCx® *Neisseria gonorrhoeae* Assay (List Numbers 8A48-81 and 8A48-82) because, during routine quality assurance testing, several reagent lots failed to meet the analytical sensitivity described in the product insert. The cause of the failure is under investigation by the company. Abbott Laboratories has sent a letter to its customers informing them of this recall and the specific reagent lot numbers not meeting the analytical sensitivity.

The possibility of false-negative results for specimens tested with affected lots has prompted the following actions:

1. As recommended by Abbott Laboratories, laboratories should discontinue use of and discard any remaining LCx® *N. gonorrhoeae* assay reagents.
2. Laboratories that have tested specimens using the affected lots should notify their consumers (e.g., health care agencies and clinicians) about the increased risk for a false-negative result on such specimens. Notifications should be documented

as required by the Clinical Laboratory Improvement Amendments (CLIA) of 1988.

3. For patients whose specimens were tested with the affected lots, clinicians should offer retesting to patients whose test results were negative and who were not presumptively treated.

Separate LCx® assays for the detection of *Chlamydia trachomatis* and *N. gonorrhoeae* have been cleared by the Food and Drug Administration (FDA). Although the LCx® *C. trachomatis* assay has not been recalled, public health departments have reported delays in obtaining both assays.

For laboratories unable to test specimens for *C. trachomatis* and *N. gonorrhoeae* because of the unavailability of LCx® assay reagents, several testing options are available:

1. Testing with the LCx® assays can be delayed. Urine specimens or endocervical or urethral swab specimens collected for LCx® testing can be stored at -4° F (-20° C) for up to 60 days before testing with the assay.
2. For more timely patient management, the use of other FDA-cleared tests should be considered. Urine specimens that have not been processed for LCx® testing can be tested by using another FDA-cleared nucleic acid amplification test. Only nucleic acid amplification tests are recommended for the direct detection of *C. trachomatis* or *N. gonorrhoeae* in urine. Swab specimens collected from patients and placed in LCx® transport medium cannot be tested by using another FDA-cleared test. Health-care providers should consider recalling such patients to collect a new specimen for testing with another FDA-cleared test. If this is done, the laboratory should be consulted about procedures for proper swab collection. Laboratories also could consider culture as an option to test for *N. gonorrhoeae*.
3. In addition, laboratories may consider redirecting their consumers to other laboratories that can provide such screening services.

8. HIV Prevention RFPs Released

On August 1, 2002, the Wisconsin Department of Health and Family Services, Division of Public Health (DPH), released three requests for proposals (RFPs) totaling approximately \$2.2 million in HIV prevention funds. The three RFPs solicit funding applications in the following areas:

- HIV prevention services provided by community agencies
- HIV prevention services provided by AIDS service organizations
- HIV, STD, and Hepatitis C Information and Referral

The DPH intends to award contracts for a two-year cycle beginning January 1, 2003 and ending December 31, 2004. Individual grant contracts will be renewed annually during the two-year cycle, based on satisfactory performance in the previous contract period and the availability of funding. Completed proposals are due to the Wisconsin AIDS/HIV Program by October 7, 2002.

The RFPs can be viewed from the DHFS website at <http://www.dhfs.state.wi.us/rfp>. Individual copies of the RFPs and related materials can be requested from Celestia Knapp at 608-266-2966 or email at knappck@dhfs.state.wi.us.

9. AIDS/HIV Fall Conference Program Brochure Available

The final program brochure has been published detailing the Wisconsin AIDS/HIV Fall Conference scheduled for October 14 and 15, 2002 at the Monona Terrace Community and Convention Center in Madison. This statewide conference is intended for health and social service providers from local health departments, acute and long-term care facilities, primary care clinics, AIDS service organizations, community-based agencies, correctional facilities, family planning agencies, and other settings. A number of consumers will also attend. A new feature of the biennial conference will be an international event on the evening of October 14. The evening reception to be held at the Concourse Hotel will include a presentation by photojournalist Andrew Petkun who will discuss his photography that portrays the reality of people living with HIV/AIDS in various African countries. Following Petkun's address, a panel of persons from Wisconsin will discuss their experiences in international HIV work. For further information on the fall conference, contact Cathy Means at 608-263-6637 or email cjmeans@facstaff.wisc.edu. A copy of the fall conference brochure can be viewed on the website of the Wisconsin AIDS/HIV Program at <http://www.dhfs.state.wi.us/aids-hiv>.

10. Sample HIV Testing Consent Forms on AIDS/HIV Program Website

Sample consent forms for HIV testing have been posted on the website of the Wisconsin AIDS/HIV Program. The consent forms are templates agencies can use or adapt to meet statutory requirements for written informed consent for HIV testing. (These consent forms differ from those required for publicly subsidized HIV counseling, testing, and referral sites.)

English and Spanish versions of the sample consent forms can be viewed and/or downloaded from the following Internet addresses:

English consent form (<http://www.dhfs.state.wi.us/forms/DPH/dph4544.pdf>)

Spanish consent form (<http://www.dhfs.state.wi.us/forms/DPH/dph4544s.pdf>)

Agencies can also find these consent forms on the "Resources" page of the AIDS/HIV Program website at: http://dev.dhfs.state.wi.us/aids-hiv/Resources/AIDS_HIV_resources.htm

To be added to the distribution list contact:

Cindy Paulson: paulscl@dhfs.state.wi.us (608) 267-9003

To comment on topics in this issue:

Michael Pfrang: pfranmm@dhfs.state.wi.us (608) 266-7550